



PATIENT

Coco Derugeriis

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

43.6 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

72710

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea, hyporexia, tense abd.

Abnormal PE/Chem/CBC/UA Results: ALB-2.2 tp-4.4 bun-5 gluc-61 ca-8.6 lymph-5,364 mono-894 usg-1.026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.81 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.45 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the cranial pole and 0.48 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.37 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.8 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule in the mid region of the liver measuring 1.13 cm x 1.59 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



PATIENT

Coco Derugeriis

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

43.6 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

72710

DATE

2/5/26

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There is some abnormal bowel visualized that appears thickened and irregularly marginated with slightly reduced detail of wall layering. This measures up to 0.71 cm in the sagittal view, 0.86 cm in thickness in the transverse view (large versus small bowel?).

Portions of very distal colon are visualized, which appear normal. There is thickened, abnormal bowel visualized that could represent descending colon or small intestine.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodule in the liver – This could represent a benign or early neoplastic lesion. Recommend continued monitoring, as location is unlikely to be amenable for sampling.
- Segment of bowel in the mid caudal abdomen that is significantly thickened with irregular margins and slightly reduced detail of wall layering – Findings could be consistent with inflammatory or early neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an extensive section of bowel visualized from the mid abdomen to cranial to the urinary bladder, which appears significantly thickened with irregular margins and slightly reduced detail of wall layering. It is difficult to discern if this is large or small bowel. Correlate with patient's clinical signs (small versus large bowel diarrhea). Findings are concerning for significant inflammatory or neoplastic change. A fine needle aspirate could be considered, although I suspect surgical biopsies would likely be the most effect evaluation. Prior to this you could consider empirical therapy, but the low albumin levels are concerning for a significant protein losing enteropathy.

- Recommend a baseline cortisol to screen for Addison's.
- Recommend a urinalysis/urine protein to creatinine ratio and a liver function test to rule out renal and hepatic disease contributing to the low albumin levels.
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)



PATIENT

Coco Derugeriis

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

43.6 lbs

INTERPRETED BY

Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

**IMAGING
 PERFORMED BY**

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

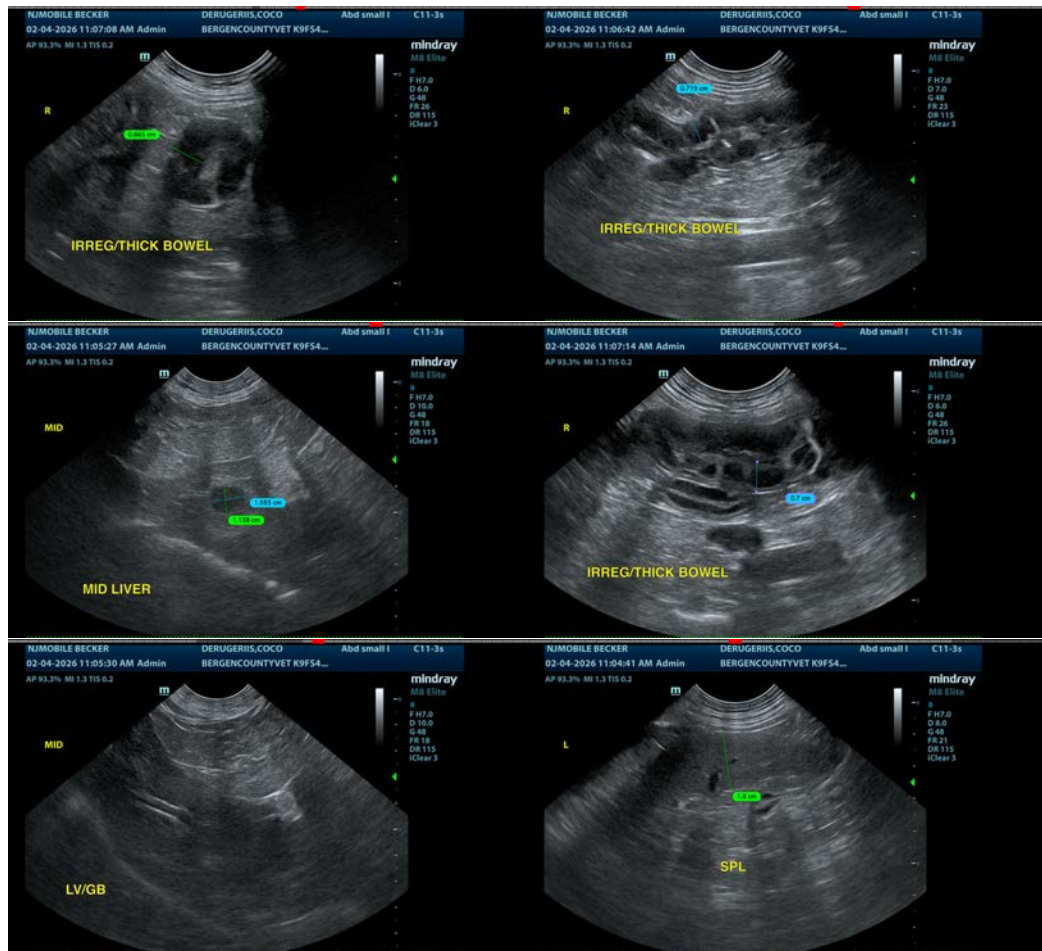
72710

DATE

2/5/26

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If not already done, recommend a panel screening for infectious causes of diarrhea.
- Recommend empirical deworming and parasite screen.

If symptoms are persistent despite taking these measures, consider obtaining biopsies of the GI tract. A repeat ultrasound could be considered prior to this to reevaluate, looking for possible progression or improvement of lesions or the development of new lesions.





PATIENT

Coco Derugeriis

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

43.6 lbs

INTERPRETED BY

Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

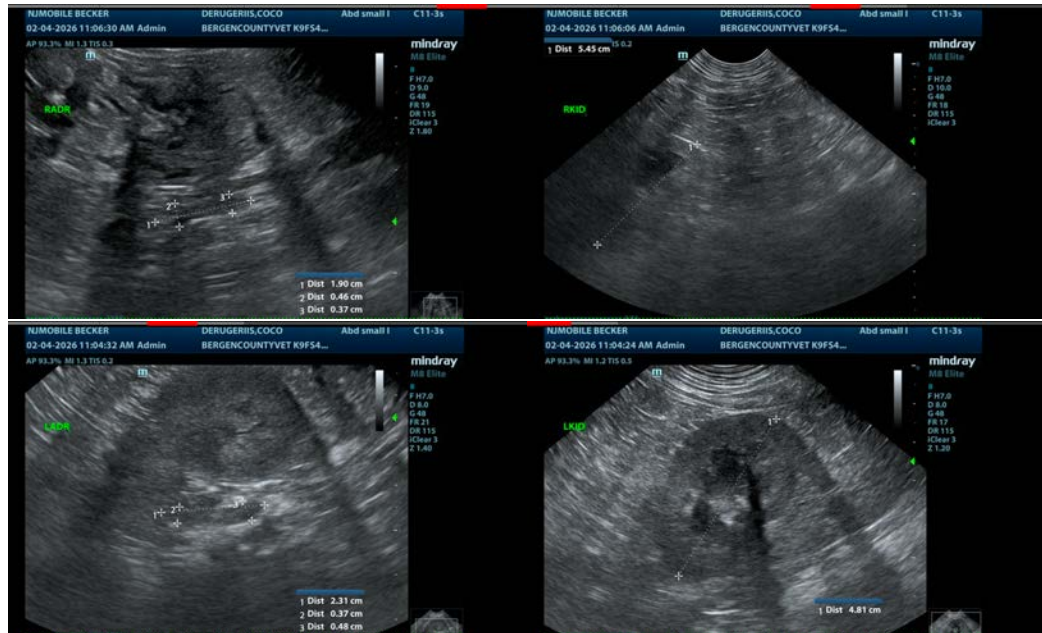
Dr. Scaglione

INVOICE

72710

DATE

2/5/26



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com